

**MCDB Encounter File Processing  
January 2007 - April 2008 Data**

**P500: MAMSI Life and Health Insurance Co.  
Based on Data After Final Encounter Processing (2006 - 2007)  
Data Completeness Summary Report**

**Eligible Services: 1,667,575**  
**Services Submitted: 1,667,575**

**Source File: P500\_enc5\_dc\_crunch.sas7bdat**  
**File Date: December 5, 2008**

Delivery System	Number of Recipients <sup>1</sup>			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS	76,293	56,064	-26.5	2,018,828	1,651,797	-18.2	156,312,567	162,558,842	4.0
3: PPO or Other Managed Care									
4: Indemnity Care	450	434	-3.6	14,243	15,778	10.8	1,393,182	2,398,704	72.2
5: HMO-POS Rider									
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
<b>Total</b>	<b>76,736</b>	<b>56,492</b>	<b>-26.4</b>	<b>2,033,071</b>	<b>1,667,575</b>	<b>-18.0</b>	<b>157,705,749</b>	<b>164,957,546</b>	<b>4.6</b>

Plan <sup>2</sup>	Number of Recipients <sup>1</sup>			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	71,017	51,032	-28.1	1,757,806	1,367,195	-22.2	143,830,291	147,211,635	2.4
HMO Fee for Service									
HMO Capitated	7			38					
Medicare, All Types									
No Plan Assigned	5,719	5,460	-4.5	275,227	300,380	9.1	13,875,458	17,745,911	27.9
<b>Total</b>	<b>76,736</b>	<b>56,492</b>	<b>-26.4</b>	<b>2,033,071</b>	<b>1,667,575</b>	<b>-18.0</b>	<b>157,705,749</b>	<b>164,957,546</b>	<b>4.6</b>

Coverage Type	Number of Recipients <sup>1</sup>			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan									
3: Private Employer Sponsored Fully Self-Ins	4,310	3,961	-8.1	122,578	125,655	2.5	9,189,151	10,375,083	12.9
4: Private Employer Sponsored Insured	24,468	18,086	-26.1	601,342	486,881	-19.0	49,049,983	53,751,940	9.6
5: Public Employee	9,560	8,057	-15.7	386,973	398,792	3.1	21,751,552	25,231,128	16.0
6: Comprehensive Standard Health Benefit Plan	38,949	26,547	-31.8	922,178	656,247	-28.8	77,715,063	75,599,395	-2.7
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
<b>Total</b>	<b>76,736</b>	<b>56,492</b>	<b>-26.4</b>	<b>2,033,071</b>	<b>1,667,575</b>	<b>-18.0</b>	<b>157,705,749</b>	<b>164,957,546</b>	<b>4.6</b>

**MCDB Encounter File Processing  
January 2007 - April 2008 Data**

**P500: MAMSI Life and Health Insurance Co.  
Based on Data After Final Encounter Processing (2006 - 2007)  
Data Completeness Summary Report**

**Eligible Services: 1,667,575**  
**Services Submitted: 1,667,575**

**Source File: P500\_enc5\_dc\_crunch.sas7bdat**  
**File Date: December 5, 2008**

---

**NOTES:**

<sup>1</sup> Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.  
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

<sup>2</sup> Rules for categorizing services into a PLAN:

**Non-HMO**

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
  - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
  - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
  - a. Delivery System (DELVTYP) is non-HMO (2-4).
  - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

**HMO Fee for Service:**

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

**HMO Capitated:**

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

**Medicare, All Types**

- 1, All services with Coverage Type 1 or 7.